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ST LOUIS, MO 63102						Melody M. Mammen (Depositor's name)						
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					Dе	<u>cember</u>	<u>us,</u>	2009	<del>)</del>		(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVENTO			A	TTORNE	Y DOCKET NO.	CONFIRMATION NO.		
10/564,333		Wilfried Hofman			n VBW 5664				9117			
TITLE OF INVENTION				<b>-</b>								
APPLN. TYPE	SMALL ENTITY			PUBLICATION FEE I	OUE	PREV. PAID ISSU		EE TO	OTAL FEE(S) DUE	DATE	DUE	
nonprovisional	nonprovisional YES		\$755	\$300		\$0		\$1055		12/21/2009		
EXAMINER		ART UNIT		CLASS-SUBCLASS	S							
GREENE, JASON M			1797	096-004000								
<ol> <li>Change of correspondence address or indication of "Fee Address" (3' CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol>				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
recordation as set forth (A) NAME OF ASSIG	less an assignee is identi h in 37 CFR 3.11. Comp	fied belo letion of	ow, no assignee this form is NO	data will appear on t T a substitute for filing (B) RESIDENCE: (C	he pag an a	ntent. If an a assignment. and STATE	OR CO	J <b>NTRY</b> ) rg V.I	D.H., Germa	ny		
Please check the appropri	iate assignee category or	categorie	es (will not be pr	inted on the patent):		Individual	Corp	oration of	r other private gro	up entity 🔲	Government	
4a. The following fee(s) a  Issue Fee  Publication Fee (N  Advance Order - #	4b. Payment of Fce(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PROCOSE is extracted.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).											
5. Change in Entity Stat	tus (from status indicated s SMALL ENTITY statu		CED 1 27	☐ b. Applicant is no	. Iona	er claiming 9	T TAME	ENTITY	etatus See 37 CE	D 1 27(a)(2)		
NOTE: The Issue Fee and											ther party in	
interest as shown by the r	records of the United State	tes Paten	t and Trademark	Office.								
Authorized Signature	Jul 7la	the	1			Date /	50	ecev	rber 20	29_	_	
Typed or printed name	Paul I. J.	Fle	ischut_			Registrat	ion No.	35,	513		_	
This collection of informan application. Confident submitting the completed this form and/or suggestion and/or Alexandria, VAlexandria, Virginia 223	l application form to the ons for reducing this bur irginia 22313-1450. DO	FR 1.311 U.S.C. I USPTO. den, shou NOT SE	Time will vary ald be sent to the END FEES OR C	on is required to obtain 1.14. This collection i depending upon the e Chief Information O COMPLETED FORM	indivi Officer IS TO	dual case. A r, U.S. Patent THIS ADD	ny comm tand Tra RESS. S	nents on demark ( END TO	the amount of tim Office, U.S. Depa : Commissioner fo	ne you require ettment of Com or Patents, P.O	to process) eparing, and to complete merce, P.O. Box 1450,	